FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 12/022 | 14 | |
|----------|------------------|--------------|
| | OMB APP | ROVAL |
| AMERICAN | OMB Number: | 3235-0076 |
| MMISSION | Expires: Novem | ber 30, 2001 |
| | Estimated avera | ge burden |
| | hours per respon | 16 00 |

| SEC USE ONLY | | | | | | | | | |
|--------------|----------|--------|--|--|--|--|--|--|--|
| Prefix | | Serial | | | | | | | |
| DA | E RECEIV | ED | | | | | | | |

| | | | _ | |
|---|---|---------------------|-----------------|-----------------------|
| Name of Offering (check if 2004 Private Placement of Sec | this is an amendment and name has cha ured Convertible Notes | nged, and indicate | change.) | |
| Filing Under (Check box(es) that | apply): Rule 504 Rule 505 | ☐ Rule 506 ☐ 5 | Section 4(6) | ☐ ULOE |
| Type of Filing: | ☐ Amendment | | 4 | |
| | A. BASIC IDENTIFICAT | TON DATA | | |
| 1. Enter the information requeste | d about the issuer | | | |
| Name of Issuer (check if this Studio 4 Networks, Inc. | s is an amendment and name has change | d, and indicate cha | inge.) | 04009150 |
| Address of Executive Offices | (Number and Street, City, State | , Zip Code) Telep | hone Number | (Including Area con, |
| 5900 Wilshire Boulevard, Los | Angeles, CA 90036 | (32) | 3) 965-8200 | |
| | erations (Number and Street, City, State | , Zip Code) Telep | hone Number | (Including Area Code) |
| Brief Description of Business | | | | |
| | | | | |
| • | • | | • | |
| Video-on-Demand | | | | |
| Type of Business Organization | | | | PROCESSED |
| ☑ corporation | ☐ limited partnership, already formed | oth | er (please spec | aify): |
| ☐ business trust | ☐ limited partnership, to be formed | | | MAR 02 2004 |
| Actual or Estimated Date of Inco | rporation or Organization: | Year 0 3 ⋈ Act | ual - 🗆 Esti | THOMSON FINANCIAL |
| Jurisdiction of Incorporation or C | Organization: (Enter two-letter U.S. Post CN for Canada; FN for ot | | | DE |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 8

| | | | A. BASIC IDENTI | FICATION DATA | | |
|------------------------------------|-----------------------------|----------------------------------|--|----------------------------|---|---------------------------------------|
| 2. Enter the in: | formation r | equested for the | following: | | | |
| Each pro | moter of th | e issuer, if the i | ssuer has been organized | within the past five yea | ırs; | |
| | eficial owns of the issu | | wer to vote or dispose, o | r direct the vote or dispo | sition of, 10% | or more of a class of equity |
| • Each exe | cutive office | r and director of | corporate issuers and of | corporate general and m | anaging partner | rs of partnership issuers; and |
| Each gen | eral and ma | anaging partner | of partnership issuers. | | | |
| Check Box(es) 1 | hat Apply: | ☐ Promoter | | Executive Officer | Ď Director | ☐ General and/or Managing Partner |
| Full Name (Last Stansfield, Edw | | if individual) | | | | |
| Business or Resi | | ess (Number a | and Street, City, State, 2 | in Code) | | |
| | - | evard, Los Ange | • | | | |
| Check Box(es) ti | hat Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last | name first | if individual) | | | | |
| Philips, David | d Colin | | | | | |
| Business or Resi | | ess (Number a | and Street, City, State, 2 | (ip Code) | | |
| c/o 5900 Wilsh | nire Boulev | ard, Los Angele | es, CA 90036 | | | ** |
| Check Box(es) to | hat Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last Kaiser, Barbar | | , if individual) | | , | | |
| Business or Resi | dence Addr | ess (Number a | and Street, City, State, 2 | Cip Code) | | |
| c/o 5900 Wils | hire Boule | ard, Los Angel | es, CA 90036 | | | |
| Check Box(es) ti | hat Apply: | ☐ Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last Presburger, F | | if individual) | | | | |
| Business or Resi | dence Addr | ess (Number s | and Street, City, State, 2 | (ip Codé) | | |
| c/o 5900 Wilsh | nire Boulev | ard, Los Angele | es, CA 90036 | | | |
| Check Box(es) th | hat Apply: | ☐ Promoter | ☐ Beneficial Owner | 🖺 Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last | name first, | if individual) | | | | |
| McFarland, D | avid | | | | | |
| Business or Resi c/o 5900 Wils | | ess (Number a vard, Los Angel | and Street, City, State, 2 es, CA 90036 | lip Code) | | |
| Check Box(es) ti | hat Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last | name first | if individual) | <u></u> | :. | | |
| Business or Resi | dence Addr | ess (Number a | and Street, City, State, 2 | Lip Code) | The second se | |
| Check Box(es) ti | hat Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | C) General and/or Managing Partner |
| Full Name (Last | name first, | if individual) | | | | |
| Business or Resi | dence Addr | ess (Number a | and Street, City, State, 2 | Cip Code) | | |
| | | | | | *************************************** | |

| | | | the second | B. 1 | NFORMA | TION AD | OUT OFF | ERING | | | | | |
|--|---|----------------------------------|--|--|-------------------------------------|---------------------------------------|--|--|---|--|---------------------------|-------------|----------|
| 1. Has | the issuer | sold, or de | oes the issi | uer intend | to sell, to | non-accre | dited inves | tors in thi | s offering | · | | Yes . □ | No KI |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | ••••• | | |
| 2 Who | t is the mi | nimum ins | | | • • • | • | | • | | | | . s_N/. | A |
| | | | | | | | | | | | | Yes | No |
| | the offeri | | - | | | | | | | | | | |
| sion to be list t | r the inform or similar realisted is a he name of ealer, you | emuneration associated the broke | on for solic ed person c er or deale | citation of or agent of r. If more | purchasers a broker of than five of | in connector dealer re (5) persons | tion with sa egistered w to be liste | iles of secu ith the SE d are asso | rities in the C and/or | e offering. with a state | If a perso e or states | n i, | |
| Full Name | e (Last nar | ne first, if | individual | 1) | | | | | | | | | |
| Business o | or Residence | e Address | (Number | and Street | , City, Sta | ite, Zip Co | ode) | | | | | | |
| Name of | Associated | Broker or | Dealer | | | · · · · · · · · · · · · · · · · · · · | | | | term of the second seco | · | | |
| States in 1 | Which Pers | son Listed | Has Solic | ited or Int | ends to So | licit Purch | asers | | | | | | |
| (Check | "All State | s" or chec | k individu | al States) | | | | | · • • • • • • • • • • • • • • • • • • • | | | | States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO | - |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | (OR) | {PA | • |
| [Ri] | [SC] e (Last nar | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | (WI) | [WY] | (PR | 1 |
| | or Residence Associated | | | and Street | t, City, Sta | ate, Zip Co | ode) | | | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | · | | | | |
| | Which Per | | | | | - | | | | | | | |
| | "All State | | | | | | | | | | | □ All : | |
| | [AK] [IN] | [AZ] [IA] | [KS] | [KY] | [LA] | (Ct) | [DE] | [DC] | [HL] | [GA] [MN] | [MS] | [MO | |
| [IL] [MT] | [NE] | [NV] | [NH] | [[[[] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | |
| [RI] | [SC] | [SD] | [TN] | [TX] | (UT) | [YT] | [VA] | [WA] | [wv] | [W] | [MA]. | | |
| Full Nam | e (Last nar | ne first, if | individua | 1) | | | | | | | | - | |
| | · | | | | | | | | | | | | |
| Business o | or Residence | ce Address | (Number | and Street | t, City, Sta | ate, Zip Co | ode) | | | | | | |
| | | | | | | | | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | |
| States in | Which Per | son Listed | Has Solic | ited or Int | ends to So | olicit Purcl | nasers | | | | | | |
| (Check | "All State | s" or chec | k individu | al States) | | | • • • • • • • • | | | | | □ All | States |
| [AL] | [AK] | [AZ] | | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID |] |
| []] | [IN] | [[A] | | { KY } | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | IMO | |
| [MT] | (NE) | [NV] | (HN) | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | |
| (RI) | { SC } | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR | J |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | F PROCEEDS | |
|--|--------------------------|--------------------------------------|
| Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| Type of Security | Aggregate Offering Price | Amount Airead; e Sold |
| Debt | \$ | _ \$ |
| Equity | s | _ S |
| ☐ Common ☐ Preferred | | |
| Convertible Securities (including warrants) | <u>\$ 183,000</u> | \$ 183,000 |
| Partnership Interests | | |
| Other (Specify) | s | _ \$ |
| Total | s 183,000 | s 183,000 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | 5 | s 183,000 |
| Non-accredited Investors | 0 | <u>s</u> 0 |
| Total (for filings under Rule 504 only) | | _ S |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Type of | Dollar Amoun |
| Type of offering | Security | Sold |
| Rule 505 | | _ S |
| Regulation A | | _ S |
| Rule 504 | | S |
| Total | | _ S |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | □ s |
| Printing and Engraving Costs | \$ | Z \$ |
| Legal Fees | | \$ 25,000** |

Other Expenses (identify) Miscellaneous

₹□ **\$**__

s_2,000

X \$ 27,000

Accounting Fees....

^{*} Subject to future contingencies.

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND | UŞI | E OF PROCEE | DS |
|-----|--|--------------|--|--------------------------|
| | b. Enter the difference between the aggregate offering price given in response to Part C - 0 tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference i "adjusted gross proceeds to the issuer." | s th | ic . | s 156,000 |
| 5. | indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnisestimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.5 at | ih a equi | e) tr | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | \$ | \$ |
| | Purchase of real estate | | \$ | _ 🗆 S |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | _ C \$ |
| | Construction or leasing of plant buildings and facilities | | s | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | s | _ 🗆 \$ |
| | Repayment of indebtedness | | \$ | |
| | Working capital | Ď | \$ | xx 5 156,000 |
| | Other (specify): | | \$ | . 🗆 🗷 |
| | | | \$ | s |
| | Column Totals | ළ | \$ | |
| | Total Payments Listed (column totals added) | | ⊠ \$ <u>1</u> 5 | 000.86 |
| | D. FEDERAL SIGNATURE | | | |
| fo | ne issuer has duly caused this notice to be signed by the undersigned duly authorized person llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities are lest of its staff, the information furnished by the issuer to any non-accredited investor pure | id E | xchange Comm | ission, upon written re- |
| 153 | suer (Print or Type) Signature | | Dat | e |
| Sti | uidio 4 Networks. Inc | L | / Fe | bruary <u>27</u> , 2004 |
| | ame of Signer (Print or Type) Title of Signer (Print or Type) | | <u> </u> | |
| E | dward Stansfield | | | |
| | | | | |

-ATTENTION----

intentional misstatements or emissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

| | 230.262 presently subject to any of the disqualification provisions | Yes No |
|---|--|---------------------------|
| | See Appendix, Column 5, for state response. | |
| 2. The undersigned issuer hereby und Form D (17 CFR 239,500) at such | dertakes to furnish to any state administrator of any state in which this noti h times as required by state law. | ice is filed, a notice or |
| The undersigned issuer hereby und issuer to offerees. | dertakes to furnish to the state administrators, upon written request, inform | ztion furnished by the |
| limited Offering Exemption (ULO | that the issuer is familiar with the conditions that must be satisfied to be e E) of the state in which this notice is filed and understands that the issuer of of establishing that these conditions have been satisfied. | |
| The issuer has read this notification an undersigned duly authorized person. | id knows the contents to be true and has duly caused this notice to be signed | ed on its behalf by the |
| Issuer (Print or Type) | Signature Date | |
| Studio 4 Networks, Inc. | 91 Amila Fe | ebruary <u>27</u> , 2004 |
| Name (Print or Type) | Title (Print or Type) | |
| Edward Stansfield | CEO & President | |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | ~ | | | AFT | e e e | | | 4 | |
|-------|--------------------------------|--|---|--------------------------------------|------------|--|---------------------------------------|---|-----|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item1) | | amount pur | investor and chased in State C-Item 2) | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1) | |
| State | Yes | No | Secured Convertible Notes | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | ······································ | | | | | | |
| AR | | | | | | | | | |
| CA | | x | 158,000 | 4 | 158,000 | 0 | 0 | N/A | N/A |
| со | | | | | | | | | |
| СТ | | | | | | | | | |
| DE | | | | | | · | | | |
| DC | | | | | | | | | |
| FL | | | | | | | | | |
| GA | | | | | | | | | |
| Hl | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| IA | | | | | | | | | |
| KS | ٠. | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| KY | | | | | | | | | |
| LA | | | | | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | | | | | | | |
| MI | | | | | | | | <u></u> | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |
| МО | | | | | | | | | |

| 100 | | | | | |
|-------|------|-----|-----|----|-----|
| | | 200 | ``4 | ъ, | 8 4 |
| 80° - | - 66 | 100 | | • | |

| 1 | | 2 | 3 | | 5 | | | | |
|-------|----------|--|--|---|--|--|--------|--|-----|
| | to non-a | l to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1) | |
| State | Yes | No | Secured Convertible Notes | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
| NH | | | | | | | | | |
| NJ | | | | | | | | | |
| NM | | | - | | | | | | |
| NY | | | | | | | | | |
| NC | | | | | | | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| ок | | | | | | | | | |
| OR - | | | | | | | | | |
| PA | | | · · · · · · · · · · · · · · · · · · · | | | | | · . | |
| RI | | | | | | | | | |
| sc | | | | | | | | | |
| SD | | | | | | | | | |
| TN | | | | | | | | | |
| TX | | X | \$25,000 | 1 | \$25.00 | 0 | 0 | N/A | N/A |
| UT | | | | | | | | | |
| VT | | | | | | | | | |
| VA | | | | : | | | | | |
| WA | | | | | | | | | |
| wv | | | | | | | | | |
| WI | | | | | | | | | |
| WY | | | | , , , , , , , , , , , , , , , , , , , | | | | | |
| PR | | | | | | | | <u> </u> | |